



HOSPITAL ADVISORY COMMITTEE

MINUTES – PUBLIC - unconfirmed

Tuesday 27 July 2010

10.00am

Corporate Meeting Room 1

Base Hospital

David Street

New Plymouth

Present:

Peter Catt (Chairman), Kura Denness, Jenny Nager, Karen Eagles (Board Members), Peter Moeahu, Brian Jeffares, Jan Dunlop, Nic Boheimer (co-opted members)

In Attendance:

George Thomas (General Manager Finance and Corporate Services, Joy Farley (General Manager Hospital and Specialist Services), Gavin Woolley (General Manager Human Resources and Organisational Development), Anne Kemp (Manager Quality & Risk), Katherine Fraser-Chapple (Management Accountant), Lee McManus (Inpatient Services Manager), Sue Carrington (Media Advisor), Jenny McLennan (PA to Board)

576.0 Declaration to Open Meeting

The meeting was opened at 10.05am with a karakia.

577.0 Apologies

Apologies were received and noted from Messrs Tony Foulkes and John Young.

578.0 Conflicts of Interest

The Register was circularised for updating by members, with no new interests being declared.

579.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held on 25 May 2010 as a true and correct record.

*Eagles/Nager
Carried*

580.0 Matters Arising

581.1 Bonding of Staff

Mrs Nager requested that the item regarding the inclusion of Taranaki as an area where the bonding of staff can be applied was achieved with assistance from the two local Members of Parliament and Dr Keith Blayney.

Resolution

That the Hospital Advisory Committee resolve to accept the notation regarding the scheduled meeting of 29 June 2010 but not held due to a lack of quorum.

*Moeahu/Catt
Carried*

582.0 Management Reports

582.1 General Manager Hospital Services Report of 29 June 2010.

Dr Catt took the report as read and indicated to members that unless there were any issues of significance that the committee would move onto receipt of the current report.

Resolution

That the Hospital Advisory Committee receive and note the report of 29 June 2010 and attachments.

*Denness/Nager
Carried*

582.2 General Manager Hospital Services Report of 27 July 2010

Dr Catt noted that the report covered activity of the preceding month but also provided a summary of the financial year to date.

The General Manager Hospital Services to the report and attachments as read and highlighted the following issues which were discussed:

- Operating deficit exceeded budget but was slightly better than forecast
- Decrease in FTE but still not in accordance with approved DAP 2009/10. From the work plan undertaken there had been a decrease in non clinical and some clinical FTEs. In comparing figures to last year it was noted that this was a decrease in FTE of 15. However it was noted that nursing had remained consistently higher than budget primarily due to an increase in activity.
- The difference between accrued FTEs and Contracted was also outlined. FTE accrual also included the provision of annual leave. If an FTE has annual leave that has been taken this may equate to a FTE of 1.03. This means that each month the accrual will always be higher than the actual staff numbers. Also it means that accrued FTEs were subject to significant variation month on month. Contracted FTEs were paid FTEs and therefore used to monitor at a unit level.

- Actual deficit of \$7.8m against budgeted deficit of \$6.5. While less than forecasted deficit of \$8.1m this result remains a significant issue.
- Major highlights for the year listed and noted.
- Changes in ACC prices and volumes has significant impact on revenue for TDHB and other providers eg Rescue Helicopter Trust.
- Medical vacancies continue to be a major focus. Anticipate that the Mental Health and Medicine vacancies will be filled by the end of the year but the Obstetric & Gynaecology position continues to be difficult to fill.
- DHB Hospital Benchmark Information attached for consideration.
- 'Better Help for Smokers' health target results had improved since the reported May 10 result of 35.8%. Although not yet confirmed results were expected to be at 50%.

Mr Moeahu noted the less than satisfactory result and while the rate of rise to the expected 50% was encouraging Ms Farley advised that work continued in both Outpatients and ED to improve results. Ms Farley advised that Dr Heble had proposed making TPW a smoke-free area. While hospital buildings were smokefree designated smoking areas remained within the hospital campus. Ms Kemp advised that the journey of addressing smokefree initiatives had been a challenging one and that a large amount of work had been undertaken to reach the current position. Committee members questioned whether it was an appropriate time to take the smokefree initiative a step further by removing the designated smoking areas available for patients and staff, Ms Farley advised that she would be happy to take the discussions of the committee to the Executive Management Team for further consideration.

- Ms Denness questioned the acute re-admission KPI rate of 60%. Ms Farley advised that a previous change of Ministry required coding practice and this was reflected in the rate change from previous years. In the first three months of the coding change the rate had been around 80% and was now settling to closer to the benchmark.
- Ms Denness noted that while the management of FTE, vacancies and locums continues through recruitment and retention the report indicated that other ways of delivering the same service was also a way of reducing staffing levels. Ms Denness added that this reflected the need for consideration of changing service provision when non- recruitment was affecting the ability to delivery a service in the same manner and that this should be the area of focus.

Ms Farley recognised this point and advised that there were different solutions for different groups noting that while the recruitment of an O&G specialist was an on-going issue O&G services were listed as an 'at risk' service across the Midland region.

- Changes in ACC prices and volumes meant less work for less revenue.
- 'Other revenue' streams of 3% generated from interest received, non-eligible patient treatments and donations.
- The provision of services for 'private patients' was not an option for consideration with the Ministry directives focusing on the integration of primary/secondary services.

- Hospital Trust Funds were not included in the financial statements as these were funds that were bequeathed to the Board with clear directives for their use.
- Mrs Farley advised that the under expenditure for clinical supplies for the June of \$158k against budget of \$1.88m was attributed to pharmaceutical and while this was pleasing this result shouldn't necessarily be viewed as a trend as pharmaceutical costs were difficult to predict. The value of pooling high cost treatment nationally was noted.
- The use of 'Specials' was discussed and it was agreed that the terminology could be amended to reflect that there were two types of specialising in place – one for minders of patients whose risk of 'self-harm' was deemed high and those who required a minder because of their condition and needed to remain safe eg falling from bed etc.
- The use of telepaeds as part of the provision of dermatology services by Dr Oakley was discussed and it was agreed that the use of technology could have application in other areas as well.
- Accreditation has been achieved that would allow registrar training in the Mental Health Service a first for the service..
- ADHD project underway which aims for ADHC to be managed in primary care. The project had been well managed and planned and provides positive benefits to both the patient and their family.
Ms Denness noted the issue of co-payments was yet to be resolved. Ms Farley advised that this was under consideration and could not be a barrier to developing or accessing the service.
- Ms Farley advised that the CAMHS review has been postponed following Dr Heble's appointment to the position and his initial review of the service.
- The number of 'did not attend' for outpatient clinics was recognised as having an associated cost and the manner in how this was managed was discussed. It was noted there were many contributing factors to people not attending and strategies were in place to reduce these numbers as much as possible.
- Mr Woolley advised that the Centralise Training project was well underway. The review was to ensure the best utilisation of training and associated support.
- Scholarship Programme proceeding with 17 student five of whom have Maori ethnicity.
- The successful Incubator programme looking to be extended to additional schools in New Plymouth.
- Ms Farley advised that the Medical Council was considering the formal programme available for overseas specialist coming to work in New Zealand. Dr Boheimer advised that a formal induction including the medical culture in New Zealand could assist in recruitment of specialists.
- Taranaki DHB has a good working relationship with unions and there was currently no policy in place to govern access to the campus or staff.
- Ms Kemp advised that the Ministry have advised certification status has been upheld.
- EMERGO Train System- an emergency response exercise to be held 28 July. Table top exercise in response to a situation at the Yarrows stadium.

Discussion

- Mr Moeahu suggested it may be beneficial to compare the number of complaints against the number of patients seen.
- Dr Boheimer congratulated the hospital with its ranking for acquired blood stream infections.
- The rate of infection for caesarian patients was noted by members as an area of concern. Ms Farley advised that this has been well investigated in the past. Ms Kemp added that 'reddening' can be part of healing process and that any reference to infection in patient responses was investigated.
- The development of an organised stroke service was well underway and it was expected that service delivery was to commence as at 31 July 2010.
- Oral Health Strategy – commissioning of Rangiatea underway
- Service Reconfiguration – Range of secondary, outpatients and virtual assessments to be provided as part of the South Taranaki hub.
- Mrs Eagles requested information regarding the incidence of rheumatic fever this was a direct indicator of poverty.
- Mrs Eagles questioned the future availability of electronic medical records in response to a question from the community. It was noted that the National IT Plan was about to be released and that this along with local and regional initiatives was where developments such as this would be developed from.

Resolution

That the Hospital Advisory Committee note and receive the report of the General Manager Hospital and Specialist Services and attachments.

Denness/Nager

583.0 Next Meeting

The next meeting was scheduled to be held on Tuesday 31 August 2010 in Stratford. It was agreed to move the meeting venue to the TSB Chambers Room at the War Memorial Centre if possible.

584.0 Exclusion of Public

Resolution

That the Hospital Advisory Committee resolve to exclude the public from the remainder of the meeting on the basis of the following matters:

1. *To present Hospital Advisory Committee Minutes pursuant to an earlier resolution publicly excluding the item*

*Nager/Jeffares
Carried*

.....
Chairman

.....
Date